

## Contract for Undergraduate Independent Study

Which Semester & Year: Fall Spring Summer Of 20\_\_\_\_\_

Student Name \_\_\_\_\_ EID \_\_\_\_\_  
Last First

Name of Supervising Faculty (please print) \_\_\_\_\_

Course Number: T D \_\_\_\_\_ Unique # \_\_\_\_\_

*(Please check the course schedule for available classes & unique numbers.)*

T D 154P, 254P, 354P Projects in Design & Technology      T D 123P, 223P, 323P Projects in Acting & Directing  
T D 152P, 252P, 352P Projects in Dance Movement Studies

Briefly describe project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT:**

Please fill out this form COMPLETELY and make a copy for your records. Return this form to the Undergraduate Academic Advisor. The restriction will be lifted based on the unique number listed above so you can register for the course. Incomplete forms will not be processed.

*I agree to fulfill all requirements as agreed upon with the supervising faculty member.*

\_\_\_\_\_  
Student Signature Date

**FACULTY:**

*I agree to supervise and provide a grade on this project for the above-named student.*

\_\_\_\_\_  
Supervising Faculty Signature Date

Date Processed: \_\_\_\_\_